Classification

REPORTS INVENTORY

PREPARE IN DUPLICATE

CONTROL NO. feeder report for

DDS/OL/PD- 14

1. TITLE OF REPORT (if a fill-in report include Form No.) Contract Procurement Activity		2. TYPE OF REPORT	XX	STATISTICAL
				NARRATIVE
				MACHINE-NAME LISTING

3. FUNCTIONAL AREA	XX	PERSONNEL		TRAINING		ADMIN. GENERAL
		LOGISTICS		SECURITY		OTHER (specify)
		MEDICAL		FINANCE		

4. NO. OF COPIES PREPARED Orig & 1	5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly	6. DISTRIBUTION (No. of components not number of copies) C/PD and originating office

7. FORMAT (memorandum, form computer print-out, etc) Form No. 2936	8. ADP PROCESSING		IF YES GIVE ADP PROCESSING NO.	9. DIRECTIVE AUTHORITY REQUIRING REPORT OL Procurement Note 14, 19 and 26
		YES		
	XX	NO		

10. PREPARING COMPONENT (include lowest level contributing information to report) OL/PD/CAS	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-5	3.57		1½ hrs.		5.35		12		64.20
GS-14	10.07		1/6 hr.		1.68		12		20.16

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR	84.36

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
		MAN-HOURS	DOLLARS
XX RETAIN AS IS OTHER (explain)			STAT
CHANGE			
DISCONTINUE			

16. DATE OF INVENTORY 22 September	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION

STAT

FORM 142
9-70

Classification

(22-36-43)